

# CERMAK | KENEALY LLP

AN INTELLECTUAL PROPERTY MICROBOUTIQUE™ LAW FIRM

Shelly Guest Cermak  
+1 703 778 6608 (V)  
+1 703 652 5101 (F)  
scermak@cermak-kenealy.com

515-B E. Braddock Road  
Alexandria, VA 22314 USA

January 8, 2007

## Box Amendment

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

In re application of: ASAHARA et al.  
Application. No.: 10/772,271  
Filing Date: February 6, 2004  
Atty. Docket No. US-107  
Title: Gene Involved in Polysaccharide Production and  
Utilization Thereof

Sir:

Transmitted herewith is an Amendment in the above-identified application. Please find enclosed:

- ☒ Amendment and Request for Reconsideration: 10 pages.  
☐ Petition for Extension of time from the Office Action, mailed , months to :  
 pages  
☐ Information Disclosure Statement: pages.  
☐ PTO-1449: pages.  
☐ cited references.  
☐ PTO-2038 Credit Card Payment Form (fee calculated as shown below): pages.  
☐ Other:  
☐ A fee is required, as calculated below:

	(Col. 1)		(Col. 2)	(Col. 3)
	<i>Claims Remaining After Amendment</i>		<i>Highest No. Previously Paid For</i>	<i>Extra</i>
<i>Total</i>		minus	20	
<i>Indep.</i>		minus	3	
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY		or	LARGE ENTITY	
<i>Rate</i>	<i>Fee</i>		<i>Rate</i>	<i>Fee</i>
x \$25 =	\$	or	x \$50 =	\$
x \$100 =	\$	or	x \$200 =	\$
+ \$180 =	\$	or	+ \$360 =	\$
<b>Total</b>	\$	or	<b>Total</b>	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please accept payment of the above-calculated fees, and any extension of time fees, or any IDS fees by the following payment method:

- ☐ Please charge Deposit Account No. 50-2821 in the amount of \$ .  
☐ A check in the amount of \$ is enclosed.  
☒ The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to  
☐ Deposit Account No. 50-2821  
☒ the credit account identified in PTO-2038.  
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.  
☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



Shelly Guest Cermak  
Reg. No. 39,571

**U.S. P.T.O. Customer No. 38108**

Cermak & Kenealy, LLP  
515 E. Braddock Road, Suite B  
Alexandria, VA 22314  
703.778.6608

Date: January 8, 2007